



***Authorization for Photographs/Videotaping***

I authorize use of my child's photograph and/or videotape for the following publication or broadcast:

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\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

Farmington Public Schools  
Community Relations  
32500 Shiawassee  
Farmington, MI 48336-2338